## PART B - FEE(S) TRANSMITTAL

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23911 7590 05/08/2008						
CROWELL & MORING LLP INTELLECTUAL PROPERTY GROUP P.O. BOX 14300				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
WASHINGTON, DC 20044-4300				(Depositor's name)		
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	<u> </u>	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/578,554 03/29/2007		Michael Fehring		•	095309.57675US	4965
TITLE OF INVENTION	: SAFETY DEVICE FO	R A VEHICLE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/08/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
CULBRETH, ERIC D		3616	280-753000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed.  3  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3  B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Daimler AG  Stuttgart, Germany						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)    State   Sta						
a. Applicant claims	us (from status indicated SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long	er claiming SMALI	ENTITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature	Jn X	Lu	Date July 22, 2008			
Typed or printed name James F. McKeown Registration No. 25,406						
his collection of information is sequired by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. lox 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Index the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						
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